

Resource Teachers: Learning & Behaviour

South Canterbury Cluster

**Individual Referral Form**

**Jan Marr Geraldine Primary School, Wilson Street, Geraldine**

**Ph (03) 693 8208, Fax (03) 693 9121, email:** [**rtlbgeraldine@xtra.co.nz**](mailto:rtlbgeraldine@xtra.co.nz)

**Anne Irving: Mackenzie College, Kirke Street, Fairlie**

**Ph (03) 685 8950, Fax (03) 685 8296, email:** [**annei@mackcollege.school.nz**](mailto:annei@mackcollege.school.nz)

**Sue Jensen: Opihi College, Richard Pearse Drive, Temuka.**

**Ph (03) 615 7594, Fax (03) 615 9987, email:** [**rtlb@opihicollege.school.nz**](mailto:rtlb@opihicollege.school.nz)

**INDIVIDUAL REFERRAL FORM**

**School: Student Name:**

**SUPPORT STRATEGIES**

The current/recent levels of support/strategies that the school has tried/provided include: (Please indicate the time frame of this support)

**PRESENTING ISSUES**

**What are the presenting issues? (**Please state specific areas of concern)

**Systems Support: Group/Class/School**

□ Assistance with setting up programmes. Please specify programme.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Provision of professional development/support for individual and/or groups of teachers.

□ Advice, guidance and training for Teachers’ Aides.

□ Guidance and support for groups of students

Students Name: DOB / / M/F

Teacher: Year Group:

Parent(s)/Caregiver(s):

Siblings and ages:

Address:

Telephone: Fax:

Work Place: Cellphone:

Student’s first language? Ethnicity:

Number of schools attended: Attendance: Poor Fair Good

Medication?

Vision: Date: / / Hearing: Date: / /

|  |
| --- |
| **Please indicate other professionals that have been and/or are working with the student and his/her family**  **Please specify** |
| Psychologist Date |
| SES Advisor Date |
| Medical Specialists Date |
| General Practitioner Date |
| Public Health Nurse Date |
| Speech Language Therapist Date |
| Child and Family Service Date |
| Police – Youth Aid Date |
| Mental Health Date |
| Social Worker Date |
| School Counsellor Date |
| RT Lit Date |
| Other Date |

**Other Specialists Involved**

**Please note any other relevant data, observations and/or comments.**

|  |  |
| --- | --- |
| **Subject** | **Assistance** (What, who, when) |
| English  Reading age/level  Written Language |  |
| Numeracy |  |
| Motor coordination |  |
| Other |  |

**CONDITIONS FOR THE INVOLVEMENT OF THE**

**RESOURCE TEACHERS LEARNING & BEHAVIOUR**

**SOUTH CANTERBURY CLUSTER**

* All referral forms must be signed by the parent/caregiver.
* The Class Teacher, and other staff involved with the referral, must be willing to work with the Resource Teacher Learning & Behaviour (RTLB).
* RTLB (Referral Committee) will monitor enrolments, approve discharges, either on successful change of referred behaviours or referral to a more appropriate agency. RTLB will report regularly to the Management Committee.
* Raw data collected will be confidential to the classroom teacher involved.
* ~ Feedback will be provided to all parties involved
* Interventions will be planned in collaboration with the classroom teacher, parents/caregiver and other staff, as appropriate.
* ~ The RTLB will monitor the intervention to measure progress and facilitate school and parent liaison.
* No part of the RTLB data, report, interventions or consultation may be used as evidence in a Teacher competency inquiry or disciplinary proceedings.

**SCHOOL INFORMATION**

It is understood that if deemed appropriate this referral could be forwarded on to or shared with the Ministry of Education Special Education for the purpose of service delivery.

Class Teacher or contact person’s name:

Principal’s Signature: Date: / /

School e-mail address:

**Parent/Caregiver:**

I give permission for sharing of information concerning my child with regards to his/her learning and or behaviour, and it is understood that if deemed appropriate this referral could be forwarded on to or shared with the Ministry of Education Special Education for the purpose of service delivery..

Signed: Parent/Caregiver Date: / /

Received -

Acknowledged -